



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

BALLOT QUESTION COMMITTEE  
COVER PAGE

AMENDED

05 MAY -3 PM 2:22

CARMELLA SABAUGH  
FOR OFFICIAL USE ONLY CLERK  
MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 1 1 05 To 12 31 05  
Mo Day Year Mo Day Year

1. Committee I.D. Number  
137553

2. Committee Name  
EXCELLENCE IN EDUCATION

4. Committee's Mailing Address  
26017 Ronald  
Roseville, MI 48066

Area Code and Phone (586) 777-5205  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
CARMEL HART  
26017 RONALD  
ROSEVILLE, MI 48066  
Area Code and Phone ( ) 586-777-5205

6. Treasurer's Business Address

Area Code and Phone ( )

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

Area Code and Phone ( )

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☐ GENERAL

☒ SCHOOL ☐ SPECIAL

Date of Election:

12 6 04  
Month Day Year

8c. ☒ ANNUAL STATEMENT  
(05 Coverage Year)

8d. ☐ QUALIFICATION  
OR

☐ NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:

Month Day Year

8e. ☒ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the  
committee has no assets or outstanding debts,  
including late filing fees. Note: The disposition  
of residual funds must be reported on Schedule  
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper Carmel S. Hart  
Type or Print Name

Signature

5/1/06

Month Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**SUMMARY PAGE**  
**BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>200.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>200.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>234.59</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>234.59</u>	(21.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>384.59</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$		(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>384.59</u>	(24.) \$
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	<u>234.59</u>	(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>698.54</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>898.54</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>384.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>513.95</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>2-23-05</u>		
Name: ROSEVILLE HIGH SCHOOL BOOSTER CLUB Address: 17855 COMMON RD. ROSEVILLE MI 48066		200.00	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal)		200.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		200.00	

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137513  
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church Street, Roseville MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Communiyt Schools Business Address 18975 Church St., Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>1-11-05</u> 6. VENDOR NAME & ADDRESS: <u>Roseville Rec Center</u> <u>18185 Sycamore Roseville MI 48066</u>	\$20.00	\$20.00
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>refreshments</u> 5. DATE OF RECEIPT: <u>1-11-05</u> 6. VENDOR NAME & ADDRESS: <u>Jet's Pizza</u> <u>10 Mile &amp; I-94 Roseville MI 48066</u>	\$115.00	\$135.00
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-3-05</u> 6. VENDOR NAME & ADDRESS: <u>Roseville Rec Center</u> <u>18185 Sycamore Roseville Mi 48066</u>	\$60.00	\$195.00

Page Subtotal  
Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

\$195.00

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553  
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<b>Contribution #1 Name and Address:</b>  Lynn Hutchison c/o Roseville Community Schools 18975 Church St., Roseville MI If over \$100.00 cumulative, please provide: 48061  Occupation Director of Business Affairs Employer Roseville Community Schools  Business Address 18975 Church St., Roseville MI <input type="checkbox"/> Fund Raiser 48061	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN  Description <u>refreshments</u> 5. DATE OF RECEIPT: <u>11-14-05</u>  6. VENDOR NAME & ADDRESS: <u>Wal-Mart</u> <u>Gratiot, Roseville MI 48061</u>	\$39.59	\$39.59
<b>Contribution #2 Name and Address:</b>  If over \$100.00 cumulative, please provide:  Occupation  Employer  Business Address  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN  Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
<b>Contribution #3 Name and Address:</b>  If over \$100.00 cumulative, please provide:  Occupation  Employer  Business Address  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN  Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal  
Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

\$39.59

\$234.59

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553  
2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Rebecca Vasil c/o Roseville Community Schools Address: 18975 Church St Roseville, MI 48066  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: Reimbursement of In-Kind Contribution -LOAN 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	1-11-05	\$135.00	\$135.00
Expenditure # 2 Name: Rebecca Vasil Address: see above  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: Reimbursement on In-Kind Contribution LOAN 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-3-05	\$60.00	\$195.00
Expenditure # 3 Name: Lynn Hutchison c/o Roseville Community Schools Address: 18975 Church St Roseville, MI 48066  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: Reimbursement of In-Kind Contribution LOAN 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-14-05	\$39.59	\$39.59
Expenditure # 4 Name: Postmaster of Roseville Address: 30550 Gratiot Roseville, MI 48066  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: Permit Fee Bulk Mail 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-15-05	\$150.00	\$150.00

Subtotal this page  
Grand Total of Schedules 4B  
(Complete on last page of Schedule)

384.59

\$384.59

Enter this total  
on Line 8a of  
the Summary  
Page